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DEVELOPMENTAL PATHWAYS: FROM VICTIM TO VICTIMIZER?

Mindy F. Mitnick[†]

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I. ERIKSON'S STAGES OF PSYCHOSOCIAL DEVELOPMENT

In exploring the relationship between childhood sexual abuse and engaging in sexually harmful behavior, a developmental framework is necessary. In the 1950s and 1960s, an extension of earlier notions of child development was best expressed by Erik Erikson in his eight ages of man.¹ In Erikson's schema, "psychosocial development proceeds by critical steps—'critical' being a characteristic of turning points, of moments of decision between progress and regression, integration and retardation."² The successful resolution of a particular crisis results in the development of a psychological strength, or its counterpart, when development is disrupted.³ The primary tasks move through a

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1. ERIK H. ERIKSON, *CHILDHOOD AND SOCIETY* 247-74 (2d ed. 1963).

2. *Id.* at 270-71.

3. *See id.* at 271.

series of building blocks from birth onward, starting with the first stage of forming a secure nurturing relationship that establishes the basis for trust and positive self-concept or mistrust.⁴ The second stage may be resolved successfully in helping a child master appropriate autonomy and self-control, or remain mired in a pervasive sense of shame and self-doubt.⁵ For toddlers, the tasks are exploration and curiosity, termed “initiative” by Erikson.⁶ When children are not allowed to make choices or are not encouraged to explore their world, motorically and cognitively, a paralyzing sense of guilt emerges.⁷ This guilt does not resemble the healthy guilt that one learns while developing “a balanced conscience, one that is neither too permissive or too punitive.”⁸ Rather this form of guilt leaves the child unsure of correct moral choices and feeling excessively responsible for what happens to her and to others.⁹

In the elementary and middle school years, the child’s work is learning, expressed by Erikson as building “a sense of industry.”¹⁰ While Erikson described this stage in terms of children learning to become workers, skill building in all areas of the child’s life—academic, athletic, artistic, and interpersonal—forms the focus for this stage.¹¹ When children are not helped to feel a sense of mastery, the result is a sense of inferiority; of not measuring up to one’s own or others’ standards for performance.¹² Although he knew nothing of neurobiology or brain development, Erikson presaged the latest findings by reporting that the adolescent task of creating a coherent sense of identity did not resolve until one is in her early twenties. Role diffusion, not knowing who one is or wants to be, results when the adolescent is unsuccessful in establishing

4. *Id.* at 249.

5. *Id.* at 252.

6. *Id.* at 255.

7. *Id.*

8. Mindy Mitnick, *Inzestuös mißbrauchte Kinder, Symptome und Behandlungsmethoden* [Identification and Treatment of Child Incest Victims], in *INCEST. EN BOG OM BLODSKAM* (Hans Reitzels Forlag A/S 1983) (Den.), reprinted in *SEXUELLER MISSBRAUCH VON KINDEREN IN FAMILIEN* 83, 93 (L. Backe et al. eds., Joan-Louise Hörner & Kerstin Schmidt trans., Deutscher Ärzte-Verlag GmbH 1986) (F.R.G.).

9. ERIKSON, *supra* note 1, at 257.

10. *Id.* at 259.

11. *Id.*

12. *Id.* at 260.

goals and beginning to meet them.¹³

II. IMPACT OF CHILD MALTREATMENT

Child maltreatment in its various forms seriously disrupts the development of these psychological stages; when abuse and neglect occur during a stage, that building block is likely to be derailed. As Erikson noted, the stages “all depend on the proper development in the proper sequence of each item.”¹⁴ When abuse occurs after a stage is complete, the sequelae may reverberate backwards and disrupt the already-established psychological strength.¹⁵

Thirty years of longitudinal studies at the University of Minnesota have demonstrated that Erik Erikson was correct. Attachment histories form the basis for the developmental trajectory that children and adolescents follow. In a study of children with sexual behavior problems, the authors concluded that “attachments between parents and children [were] profoundly insecure.”¹⁶

Secure attachments serve as a protective factor when children and families experience significant stressful life events.¹⁷ Children with anxious attachments are more likely to have behavioral and emotional problems as infants, toddlers, teens, and adults.¹⁸ While “anxious attachment is not necessarily [the] cause of later problems . . . it [nevertheless] places the young child on” this detrimental pathway.¹⁹

Parents with histories of deprivation, abuse, and poor parenting are generally inadequately prepared to care for their own children.²⁰ While the transmission of abuse across generations

13. See *id.* at 306-07.

14. *Id.* at 271.

15. *Id.* at 57, 67.

16. William D. Pithers et al., *Children with Sexual Behavior Problems: Identification of Five Distinct Child Types and Related Treatment Considerations*, 3 CHILD MALTREATMENT 384, 404 (1998).

17. Byron Egeland & Martha F. Erickson, *Attachment Theory and Research* (1999), <http://www.zerotothree.org/vol20-2.html>.

18. *Id.*; accord Pithers et al., *supra* note 16, at 404.

19. Egeland & Erickson, *supra* note 17.

20. See generally Byron Egeland, Irving B. Harris Professor of Child Development at the University of Minnesota, Address at the 14th National Conference on Child Abuse and Neglect: Attachments Past and Present: Implications for the Prevention of Child Maltreatment (Mar. 2003) (transcript available at <http://nccanch.acf.hhs.gov/profess/conferences/cbconference/fourteenth/presentations/transcripts/egeland.cfm>).

may only be about 40%,²¹ another 30%²² of parents have deficits in the absence of abuse, especially an inability to provide the secure foundation for self-esteem that every child needs. If the child resides in difficult circumstances, perhaps chaotic, perhaps with psychologically unavailable caregivers, perhaps violent, perhaps lacking social supports, perhaps with parents with mental health problems, the child will be raised without the internal template for healthy relationships and with external modeling for problematic interactions.²³

Attachment theory tells us that the original caregiver-infant relationship provides a template for future relationships that is used by the child to develop expectations about self and others. Physically abused children expect hostile, hurtful, and rejecting relationships.²⁴ Neglected children expect others to be unresponsive, unavailable, and unwilling to meet their needs.²⁵ Sexually abused children expect others to use them to meet their own needs, confuse sex and affection or sex and aggression, and learn unhelpful lessons about manipulation and coercion.²⁶

Recent research confirms what has been suggested before: There is a cumulative effect of risks in childhood for adolescent behavior problems.²⁷ Child maltreatment, domestic violence, family disruption, socioeconomic status, and high parental stress form a set of factors that result in negative outcomes for children.

III. CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS

The first path from victim to victimizer is seen in children with sexual behavior problems.²⁸ These behaviors are known to be

21. *Id.*

22. *Id.*

23. *Id.*

24. *Id.*

25. *Id.*

26. See Arnon Bentovim, *Preventing Sexually Abused Young People from Becoming Abusers, and Treating the Victimization Experiences of Young People Who Offend Sexually*, 26 CHILD ABUSE & NEGLECT 661, 665 (2002); Gail Ryan, *Childhood Sexuality: A Decade of Study: Part I: Research and Curriculum Development*, 24 CHILD ABUSE & NEGLECT 33, 39 (2000).

27. Karen Appleyard et al., *When More is Not Better: The Role of Cumulative Risk in Child Behavior Outcomes*, 46 J. CHILD PSYCHOL. & PSYCHIATRY 235 (2005).

28. See SUE RIGHTHAND & CARLANN WELCH, U.S. DEP'T OF JUSTICE, JUVENILES WHO HAVE SEXUALLY OFFENDED: A REVIEW OF THE PROFESSIONAL LITERATURE 19 (2001) (describing the recognition of the link between preadolescent sexual behavior patterns and sexual offenses).

repetitive, unresponsive to adult intervention and supervision, equivalent to adult criminal violations in the acts performed, and highly diverse in when and where they occur.²⁹ The Pithers group identified a typology of five groups of children between six and twelve years of age who acted out sexually against other children with behavior on a continuum from mild, non-intrusive acts to sexually aggressive, highly intrusive acts.³⁰ Eighty-six percent of their sample had been sexually maltreated, 43% had been physically maltreated, and 33% had been emotionally maltreated.³¹ Similar high rates of maltreatment were found in the Bonner et al. sample of children with sexual behavior problems.³² In the Pithers cohort, the average age at first sexual abuse was four years old and the average age at first sexual acting out was seven years old.³³ The average number of children they had acted out against was two.³⁴

While most of the children with sexual behavior problems had histories of maltreatment, abuse nevertheless is not a necessary or sufficient variable to account for the subsequent acting out.³⁵ A number of factors have been found to differentiate between those victims who abuse and those who do not. Abused boys were more likely to engage in harmful sexual behavior if they had witnessed or experienced domestic violence.³⁶ Discontinuity of care in the form of disrupted attachments, including living with relatives instead of with parents, does not provide protection from the stress of abuse.³⁷ Large numbers of these children have another sexual abuser within their families.³⁸ The most aggressive children with sexual behavior problems had families with poorer sexual boundaries, for instance, witnessing others having sex.³⁹ Teachers of children with sexual behavior problems rate them as having more symptoms than do their parents, suggesting that these parents may be reluctant to admit their children's problems, use denial to avoid "seeing" the

29. Pithers et al., *supra* note 16, at 386.

30. *See generally id.* at 384-406.

31. *Id.* at 391.

32. BARBARA L. BONNER ET AL., U.S. DEP'T OF HEALTH & HUM. SERVS., CHILDREN WITH SEXUAL BEHAVIOR PROBLEMS: ASSESSMENT AND TREATMENT: FINAL REPORT: GRANT NO. 90-CA-1469 25 (1999).

33. Pithers et al., *supra* note 16, at 391.

34. *Id.* at 391.

35. BONNER ET AL., *supra* note 32, at 39.

36. Bentovim, *supra* note 26, at 664.

37. *Id.* at 665.

38. Pithers et al., *supra* note 16, at 397.

39. BONNER ET AL., *supra* note 32, at 26.

problems, or reinterpret the behavior with “superoptimism,” for instance, telling themselves, “It was only a game.”⁴⁰

Because children with sexual behavior problems have had less time to “practice” their behaviors, they are more amenable to short-term treatment than are adolescents who offend.⁴¹ Children are less likely to have deviant sexual fantasies, less biological pressure, and less peer pressure, and may simply be re-enacting their own abuse or what they have witnessed.⁴² Abused children are more likely disinhibited about sexual behavior as compared to non-abused children and therefore are more likely to demonstrate an interest in developmentally unexpected sexual behaviors.⁴³ Ryan has pointed out that the behavior of adult offenders is a relatively stable reflection of “who they are,” while the behavior of children is only the current reflection of what they are learning about themselves and others.⁴⁴

There is a higher rate of abuse histories in children with sexual behavior problems than in juvenile sex offenders. Various studies have found rates of sexual abuse in the history of juvenile sex offenders from 40% to 80%.⁴⁵ There have also been significant associations between experiencing physical abuse and neglect and witnessing family violence with juvenile sexual offending.⁴⁶ Therefore, there are some children who continue their harmful behavior into adolescence and others who did not demonstrate childhood sexual problems but begin acting out as youth. Factors associated with whether childhood sexual behavior problems persist into adolescence include: (1) lack of treatment for childhood problems;⁴⁷ (2) use of aggression in childhood acts;⁴⁸ (3) general rule-breaking in addition to sexual acting out;⁴⁹ and (4)

40. Pithers et al., *supra* note 16, at 400.

41. CONNIE B. HORTON, UNIV. ILL. URBANA-CHAMPAIGN CHILD. & FAM. RES. CTR., THE TREATMENT OF CHILDREN WITH SEXUALLY PROBLEMATIC AND AGGRESSIVE BEHAVIOR, 28 (2000), available at <http://cfrcwww.social.uiuc.edu/pubs/pdf.files/sexaggr.pdf>.

42. *Id.* at 30.

43. *See id.* at 16.

44. *Id.* at 11.

45. Judith Becker & John A. Hunter, *Understanding and Treating Child and Adolescent Sexual Offenders* 177, in 1 ADVANCES IN CLINICAL CHILD PSYCHOLOGY (1997).

46. RIGHTHAND & WELCH, *supra* note 28, at 4; Bentovim, *supra* note 26, at 662.

47. HORTON, *supra* note 41, at 18.

48. *See* Pithers et al., *supra* note 16, at 402.

49. *Id.*

poor parental response to childhood behavior, including denial or harsh blame.”⁵⁰ “[O]ne may speculate that when abused children are met with critical judgment, neglect or blame promoted by parental fear and anxiety, rather than with compassion and support, the second instance of maltreatment has been expressed.”⁵¹

IV. ADOLESCENT SEX OFFENDERS

Four additional factors have been found to be predictive of juvenile sex offending: (1) younger age at time the child was abused, (2) greater number of abuse experiences, (3) lower level of perceived family support at time of disclosure of own abuse, and (4) greater time period between abuse and disclosure.⁵²

Erikson’s stages are re-created in victimizing behaviors: an effort to connect with someone else, an effort to control someone else, a lack of guilt or remorse about one’s behavior, efforts at mastery of impulses and fantasies, and eventually an identity that includes distorted views of how one achieves closeness and power.⁵³

The literature specific to adolescent sexual offenders confirms Erikson’s theory: “cumulative developmental disturbances”⁵⁴ create the possibility of sexual offending. While there is no single path from victimization to juvenile offending, child maltreatment negatively alters every one of Erikson’s stages, depending on a combination of intrapersonal, interpersonal, and environmental factors.

While childhood maltreatment per se does not determine who will or will not act out sexually in adolescence, it is easy to see how the disruption of trust and distorted sense of control from early abuse result in distorted views of relationships and one’s ability to feel effective in the world. In one sample of female adolescent sex offenders, half had experienced parental abandonment before age four, only 20% considered their relationship with their mother

50. Michael J. New et al., *Characteristics of Mothers of Boys who Sexually Abuse*, 4 CHILD MALTREATMENT 21, 27-29 (1999).

51. Pithers et al., *supra* note 16, at 404.

52. RIGHTLAND & WELSH, *supra* note 28, at 5.

53. See Gail Ryan et al., *Juvenile Sex Offenders: Development and Correction*, 11 CHILD ABUSE & NEGLECT 385, 391-93 (1987).

54. Monique Tardif et al., *Sexual Abuse Perpetrated by Adult and Juvenile Females: An Ultimate Attempt to Resolve a Conflict Associated with Maternal Identity*, 29 CHILD ABUSE & NEGLECT 153, 162 (2005).

satisfactory, and almost half had no contact with their father.⁵⁵

Adolescents who engage in sexually harmful behavior are known to lack a strong sense of self-esteem,⁵⁶ have problems with taking others' perspectives into account, and often lack empathy.⁵⁷ They experience significant interpersonal problems as a result, including loneliness and isolation.⁵⁸ Additionally, the parents of these youth have had more problems than parents of other juveniles: higher rates of "psychological absenteeism,"⁵⁹ including maternal depression,⁶⁰ and denial of their child's abuse and their child's abusive behavior.⁶¹ Mothers of adolescent perpetrators report significantly higher rates of physical and sexual childhood victimization compared to the general population.⁶² A group of these women have been described as "psychologically unavailable"⁶³ related to emotional neglect,⁶⁴ lacking effective supervision,⁶⁵ and being poor emotional role models.⁶⁶

Abuse victims are highly likely to misattribute blame to themselves for what was done to them, and studies have found that the resulting sense of shame can persist for years.⁶⁷ "If children are severely punished, criticized, treated with hostile rejection, or ignored by their primary caregiver, they are likely to believe they are unwanted and unlovable."⁶⁸ When children are used as sexual objects—often being told they wanted or elicited the behavior directed at them—they become the bearers of a shameful secret that many delay disclosing or never report. A self-fulfilling cycle

55. *Id.* at 157-58.

56. Ryan et al., *supra* note 53, at 391.

57. See RIGHTHAND & WELCH, *supra* note 28, at xiii.

58. Judith Becker, *What We Know About the Characteristics and Treatment of Adolescents Who Have Committed Sexual Offenses*, 3 CHILD MALTREATMENT 317, 318 (1998).

59. New et al., *supra* note 50, at 22.

60. *Id.* at 27.

61. *Id.* at 22.

62. *Id.* at 27.

63. Byron Egeland & Martha Farrell Erickson, *Psychologically Unavailable Caregiving*, in PSYCHOLOGICAL MALTREATMENT OF CHILDREN & YOUTH 110, 113 (Marla R. Brassard et al. eds., 1987).

64. Egeland & Erickson, *supra* note 17.

65. Pithers et al., *supra* note 16, at 404.

66. Egeland & Erickson, *supra* note 17.

67. See generally Candace Feiring & Lynn S. Taska, *The Persistence of Shame Following Sexual Abuse: A Longitudinal Look at Risk and Recovery*, 10 CHILD MALTREATMENT 337 (2005).

68. David S. Bennett et al., *Young Children's Adjustment as a Function of Maltreatment, Shame, and Anger*, 10 CHILD MALTREATMENT 311, 312 (2005).

may result in which the child or adolescent perceives in any misbehavior signs of their being defective and unlovable, followed by acts intended to achieve closeness or a sense of power and control.⁶⁹ Juveniles with sexual abuse histories are prone to shame⁷⁰ rather than guilt or remorse when they misbehave or make a mistake.⁷¹ Many of these juveniles engage in behaviors that qualify for diagnoses of conduct disorders, the basis of which is a serious disregard for rules, including behaviors that are destructive of property and harmful to other people.⁷² Some of these adolescents have poor impulse control and act without thought to the consequences to those they mistreat or to themselves.⁷³

While curiosity about the human body and sexuality is normal for children, these juveniles have high rates of exposure to developmentally inappropriate sexual stimuli, including witnessing sex in the home⁷⁴ and pornography.⁷⁵ In one study of thirty juvenile offenders, twenty-nine had been exposed to pornography at early ages with an average age of seven and a half.⁷⁶ The resulting over-stimulation and distortion in the meaning of sex in relationships is clearly associated with negative outcomes. A multi-state study found that only one-third of juvenile sex offenders perceived sex as a way to demonstrate love or caring, while others perceived sex as a way to feel power and control, to dissipate anger, or to hurt, degrade, or punish others.⁷⁷

For adolescents, their victimizing often begins with weak self-esteem and a template for relationships that anticipates rejection.⁷⁸ The adolescent will act in ways that fulfill this expectation through “inappropriate approaches to people,” hostile behavior, attempting to control the situation, or making excessive demands of another

69. Ryan et al., *supra* note 53, at 391.

70. See generally Feiring & Taska, *supra* note 67.

71. Ryan et al., *supra* note 53, at 390.

72. See generally AM. PSYCHIATRIC ASS'N, DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS 93-99 (4th ed. 2000); Becker, *supra* note 58.

73. JOHN A. HUNTER, JUVENILE FORENSIC EVALUATION RESOURCE CTR., UNDERSTANDING JUVENILE SEX OFFENDERS: RESEARCH FINDINGS AND GUIDELINES FOR EFFECTIVE MANAGEMENT AND TREATMENT (2000), available at http://www.ilppp.Virginia.edu/Juvenile_Forensic_Fact_Sheets/UndJuvSexOff.html.

74. Ryan et al., *supra* note 53, at 387; Holly Smith & Edie Israel, *Sibling Incest: A Study of the Dynamics of 25 Cases*, 11 CHILD ABUSE & NEGLECT 101, 104 (1987).

75. RIGHTHAND & WELCH, *supra* note 28, at 8.

76. *Id.*

77. See Gail Ryan et al., *Trends in a National Sample of Sexually Abusive Youth*, 35 J. AM. ACAD. CHILD & ADOLESCENT PSYCHIATRY 17 (1996).

78. Ryan et al., *supra* note 53, at 391.

person.⁷⁹ Their behaviors may elicit the rejection they fear, resulting in withdrawal and further isolation.⁸⁰ Some juveniles act out impulsively and some do so in an intentional, planned fashion.⁸¹ Some use cognitive distortions to maintain their acting out behaviors, while others are stopped by the normal feelings of guilt that inhibit behavior that is harmful to others.⁸²

Distorted sexual experiences from their own abuse, exposure to harmful stimuli, or inappropriate behavior witnessed may be incorporated in the youth's repertoire.⁸³ "The perceived positive feelings of power and control combine with the physical gratification to outweigh the potential negative consequences of the behavior."⁸⁴

V. CONCLUSION

If earlier developmental stages have been derailed, the youth is unable to accomplish the major task of adolescence and early adulthood: achieving a cohesive sense of identity that includes the ability to trust others, to feel in control of one's impulses and behavior, to have a conscience that involves appropriate remorse, to feel competent at one's endeavors, and the ability to be confident one has something positive to contribute to society.

79. *Id.*

80. *Id.*

81. *Id.* at 392.

82. *Id.*

83. Pithers et al., *supra* note 16, at 401.

84. Ryan et al., *supra* note 53, at 387.